

Bournemouth, Poole and Dorset
Children's Hearing Services Working Group (CHSWG)

Tuesday November 24th 2015
10:00am to 12:00 noon

Board Room 2, Management Corridor
Poole Hospital NHS Foundation Trust

Present: Lisa Nind, Dorothy Goodall, Phillip Scott, Ros Plumpton, Sarah Morris, Erica Davies, Ken Tucker, Eirwen Burgess, Hannah Nettle

Apologies: Sarah Collinson (National NDCS), Katrina Ingman, Sally Clark (School Nursing Lead, Bournemouth), Sue MacDermott, Sam Bealing, Rollo Clifford, Shirley Sorbie, Rachel Beeby, Christine Rainsford, Tina Collinson

1. Introductions and apologies

Philip Scott and Ken Tucker were welcomed to their first CHSWG meeting.

2. Minutes of the last meeting – May 2015

Corrections sent out in June and no feedback received.

3. Matters arising

Terms of reference to be reviewed in May 2016 Meeting.

4. 2nd tier Audiology, East Dorset – recommissioning of service

2nd Tier Service carried out by the Community Paediatricians is acceptable in Poole, Bournemouth and East Dorset for school aged children but not for preschool children. There is inadequate equipment and facilities. The service is being re-commissioned at the moment. The Commissioners want a Lead Service with an equitable service across Dorset. Feeling is that the service would be best carried out by Audiologists. The discussions are ongoing, involving DCH, DHUFT and the CCG as to how this would work across East and West.

Hannah Nettle reported that the CCG are hoping this will be resolved in 2016. The 2nd Tier Service is felt to be providing the best service that is possible with the current constraints, with Ros Plumpton seeing all under 3s in B'mth and Poole.

5. NDCS audit of Local Offers

Sarah Collinson had wanted to talk about the recent NDCS audit of Local Offers. The Local Offers have arisen following the change from Statements of SEN to EHCPs. SM reported that Sarah had raised concerns about Social Care in Poole, but it is uncertain as to whether this is purely Poole, or Bournemouth and Dorset as well. The Audit is based on 22 key questions. The DoH is hoping that the Local Offer will be a tool for improving services for hearing impaired/deaf children. This item will be discussed next time.

6. Review of investigations/diagnoses 2014

Review of children who were seen by the Paediatricians in the previous year with a confirmed sensori-neural hearing loss took place. Sarah reported that although there are clear guidelines for investigations of children with a mild or unilateral hearing loss, the local data shows that the outcomes of the medical investigations are often unhelpful, and the assessment can cause anxiety for parents. Both Rollo and Sarah find the investigations are more useful for children with bilateral hearing loss.

From NHSP in the East, 12 children were seen for paediatric assessment, but in the West only one child was referred from the pathway. One child (in the East) is having genetic investigations of his Auditory Neuropathy but the results aren't back.

Sarah asked that in the East, preschool children are referred to herself, and for school aged children there was a discussion about whether they should be referred to ENT and/or Sarah. It was agreed that all children would be referred to Sarah and then she will send details on to the local paediatrician for the investigations to be completed.

The children who go through to AIS get all investigations locally, except the MRI scan which is carried out through the centre.

Post-meeting note:

Rollo and Rachel Beeby have made some comments about the apparent disparity between numbers in the East and West of the County. For referrals after the newborn screen, these are likely to be in part because of different birth rates, and in part due to different methods of recording cases – Sarah has included babies with obvious anatomical abnormalities where Rollo has not. Numbers for older children vary enormously depending on when the referral is made – some children may have a newly diagnosed loss, others may have a very longstanding problem but only recently referred to the paediatrician.

7. Newborn Hearing Screening Program (NHSP)

Eirwen reported that the service is screening 99.2% in 10 days of birth. Very pleased with this result. They have had a QA visit at Dorchester looking at the service as part of a review of Antenatal and Newborn Pathways; there were no high issues identified for the NHSP but a few lower level issues which the service is aware of (e.g. nothing about Hearing Screening on the Trust websites, which is also true at Poole). Currently they are putting in place new contracts for the service as the money is coming via the Maternity Payment Pathway. Across the country a number of sites have changed to being hospital rather than community based, but all sites to the west of Dorset remain in the Community. Recent changes in Health Visitor services have had an impact particularly on the Hampshire border.

The referral-on pathway is more complex where babies are seen in Dorset but need referring on to services in Wiltshire, Hampshire, Somerset and Devon. Everything is being logged on the Trust Risk Register.

Newborn Hearing Screening is moving to a new IT platform; there are some record keeping difficulties with children who needed targeted follow up whose records are still active. One problem is the children who in the past were seen by the Community Paediatricians for

targeted follow-up and where access to NHSP IT systems was not possible; the data is simply not available. Audits carried out some years ago highlighted the low numbers of babies referred and/or seen for this follow-up – between 2006-2010 a smaller number of children were seen for targeted follow up than expected. There will be no easy access to records for those babies who should have been seen. There is no concern about those who were seen as they have had the appropriate follow up, the concerns are around those who weren't seen/didn't attend.

In Dorset County Hospital, there is concern that babies coded as 'NICU' may NOT have spent >48hrs on NICU and therefore they are not screened; in Poole all babies are screened appropriately.

8. Dorchester Audiology

Rachel was unable to attend – no feedback

9. East Dorset Audiology

Seeing children for 8 month targeted follow up, going well. Numbers very small - 3-4 a month. Peer review is set up with Dorchester, peer reviewing each other's work and it is clear that both services are following the same pathway.

Registered with IKIPs.

Recurring problem with children with aids who have issues with ear wax and getting them to ENT. Agreed that Audiology will ring ENT to fast track these referrals.

10. Hearing and Vision Support Services (HVSS)

Sam Bealing is leaving at the end of 2015. Ken Tucker is taking over her role until Easter 2016. Her job will be advertised after Christmas. Ken doing a day a week with Boscombe Audiology and half a day in Dorchester.

Two new trainee ToD have started. Sarah feedback that the HVSS always get a positive report from parents.

11. Dorset Deaf Children's Society

Shirley not attended so feedback next time.

12. AIS

Sam Bealing moving to AIS! Service celebrated 25 years. Looking at training for wide range of clients. Trouble shooting workshops being run more locally. Radio Aid Workshops being attended by a range of professionals from all over the county.

The pathway for children with an Auditory Neuropathy is longer than for other children; two local children with this diagnosis are currently being assessed.

13. Speech and Language Therapy (SALT)

All ok. Lisa and Erica talked about using Ling Sounds as part of the assessments they do.

14. AOB

None.

Dates of next meetings:

Tuesday 17th May 2016, 10:00 to 12:00 noon, Dorchester – Committee Room 2, County Hall (nb no parking there, need to use public car parks)

Tuesday 15th November 2016, 10.00 to 12.00 noon, Poole (Boardroom 2, Management Corridor, 1st floor, main hospital)